

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022274

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5257

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 3846² ARSENAL Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JAMES STEWART		4. DATE OF DEATH Month Day Year MAY 13 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married: <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 6 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PATTERN CUTTER BUSCH-DIESEL CO		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS, MO	12. CITIZEN OF WHAT COUNTRY U-S-A
13a. FATHER'S NAME MICHAEL J. STEWART		14. NAME OF HUSBAND OR WIFE MARTHA STEWART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		17. INFORMANT Address 239 JULIA REPPERT 3846² ARSENAL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) 5271 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-sclerotic heart disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/22/50 to 5/13/63 and last saw him alive on 5/13/63 Death occurred at 9:30 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward W. G. ... M.D.		22b. ADDRESS 3701 Crandall Sq.	
22c. DATE SIGNED 5/15/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 16, 1963	23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEM.	
23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		24. FUNERAL DIRECTOR ADDRESS Thomas Xutis 2906 Gravois	
25. DATE RECD. BY LOCAL REG. MAY 16 1963		26. REGISTRAR'S SIGNATURE Roan Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

1111 80-001

1033

1001

812

1230-330 Wed

Te 3-4/30

Mr. Applewhite
3701 Randall St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Yarrow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.